

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17025

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** HIS IMAGE MINISTRIES, INC.

**Current Principal Place of Business:**

2044 SPRINKLE DR.  
2044 SPRINKLE DR.  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

2044 SPRINKLE DR.  
2044 SPRINKLE DR.  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

FEI Number: 59-2714851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEWITT, PATRICIA ANN  
2044 SPRINKLE DR.  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DEWITT, PATRICIA ANN  
Address: 2044 SPRINKLE DR.  
City-St-Zip: JACKSONVILLE, FL

Title: D  
Name: DEWITT, STEVEN  
Address: 2044 SPRINKLE DR  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: FOSTER, KELLY  
Address: 10552 FT. CAROLINE RD.  
City-St-Zip: JAX, FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. DEWITT

PD

03/16/2011

Electronic Signature of Signing Officer or Director

Date